

Registration Form

Five Days Workshop on Data Science Sponsored by AICTE under Scheme of ATAL Academic Programs (September 2nd -6th, 2019)

Organized By:

Department of Computer Science and Applications

Dr. Harisingh Gour Vishwavidyalay

(A Central University)

Sagar (M.P.)

1. Name.....
(In block letters)
2. Organization/Department/Institute is approved by AICTE (YES or NOT).....
3. Faculty/ Student.....
4. Designation (In case of Faculty).....
5. Program and Branch (in Case of Student in final year M.C.A./MBA/M.Tech./M.E/M.Pharm. and Ph.D. All Year).....
6. Organization.....
7. Department.....
8. Qualification.....
9. Specialization (If any).....
10. Mailing Address.....
.....
11. Mobile.....
12. Email.....
13. Date:.....

Signature of HOD/Principal / Authority with seal.

Signature of Applicant

**Only AICTE approved Departments/Institutions /Colleges allowed.*